Department of Corrections **ADMINISTRATIVE BULLETIN** **Subject: MEDICAL STANDARDS OF CARE PROGRAM**	**Number:** 95/7 **Date Issued:** March 14, 1995 **Cancelled Effective:**

The purpose of this Administrative Bulletin (AB) is to establish procedures necessary for the successful implementation of the Medical Services for Inmates Program. Beginning April 1, 1995, the California Department of Corrections (CDC) is implementing a basic medical care program for inmates. This program defines a basic package of medical services that will be available to inmates. Dental and Mental Health Services will be defined separately. There will be a systemwide process to establish limits on services or to require prior or concurrent authorization.

Medical services will be restricted to those that are medically necessary in order to balance the availability and quality of services that will be available to all inmates. This program will enable physicians and administrators to better understand and monitor the performance of health care delivery. Standardizing services will help health care providers make better medical decisions and reduce ineffective or inappropriate services.

DEFINITIONS

Medically Necessary: Health care services which are determined by the attending physician or other health care provider within the scope of their license, to be reasonable and necessary to protect life, prevent significant illness or disability, or to alleviate severe pain which are supported by health outcome data as effective medical care.

Outcome Studies: The definition, collection, and analysis of comparable data, based on variations in treatment, concerning patient health assessment for purposes of improving outcomes and identifying cost-effective alternatives.

Outcome Data: Statistics, such as diagnosis, procedures, discharge status, length of hospital stay and the morbidity and mortality of the patient, that are collected and evaluated using science-based methodologies and expert clinical judgement for purposes of outcome studies.

Treatment Guidelines: Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical conditions. Treatment guidelines reflect the state of knowledge, current at the time of publication, on effective and appropriate care.

POLICY

The Department shall only provide medical services to inmates which are based on medical necessity and supported by outcome data as effective medical care.

PURPOSE AND OBJECTIVES

The purpose of defining a basic health care program for inmates is:

- To determine the level of health care services to be provided to inmates.
- To maintain quality health care delivery.
- To provide medical care consistent with health outcome data studies (treatment guidelines) adopted by recognized medical authority.

The objectives for standardizing the level of health care to be provided to inmates are:

- Managing the delivery of health care with services restricted to those that are medically necessary in order to balance the availability, cost, and quality of services.
- Enabling physicians and administrators to better understand and monitor the performance of health care delivery.
- Minimize medical liability and litigation against the Department.
- Standardizing services provided to help health care providers make better medical decisions and minimize ineffective or inappropriate services.

APPROVED SERVICES

Health care staff shall only provide medical services to inmates which are based on medical necessity and supported by outcome data as effective medical care. in the absence of available outcome data for a specific case, appropriate treatment will be based on the judgement of the attending physician that the treatment is considered effective for the purpose intended and is supported by diagnostic information and consultations with appropriate specialists.

Departmentally recommended treatment guidelines driven by outcomes research will be issued through the Health Care Services Division. Health care staff will be expected, but not required, to follow the guidelines. Any variation from the treatment guideline shall be documented in the health record.

SCOPE OF SERVICES

Health care services that meet the test of medical necessity as defined, and not specifically excluded, or limited, may be provided to inmates. Examples include:

- **Diagnostic Services**: Medically necessary diagnostic services, as determined by the attending physician or other health care provider within the scope of their license.

- **Emergency Care**.

- **Inpatient Services**: Inpatient services and supplies which are medically necessary upon order of a licensed health practitioner within the scope of their license.

- **Outpatient Services**: Diagnostic examination, treatment, and follow-up visits that are deemed medically necessary and consistent with health outcome data studies, and preventive care such as immunizations.

- **Ancillary Services**: Medically necessary ancillary services such as hospital care, laboratory services, X-rays, radiation therapy, anesthesiology services, and dialysis that are necessary for the successful treatment of the provided diagnosis.

- **Prescription Drugs**: Medications provided on prescription when the drugs are medically necessary. Generic medications, when available, will be prescribed. Brand name drugs are excluded unless the generic equivalent is not available.

- **Vision Care**: Eye refraction to provide a written lens prescription when medically necessary.

- **Comfort Care**: Services and/or items that give comfort and/or pain relief to terminally ill persons who elect to forego other types of care in favor of palliative care. This category does not include services that are diagnostic, curative, or focused on the active treatment of a primary condition and intended to prolong life.

- **Treatment for Human Immunodeficiency Virus (HIV)**: Inpatient and outpatient care necessary for the treatment of HIV inmates/patients as they move between levels of care (refer to the HIV treatment guidelines).

- **Abortions**: In the first trimester of pregnancy, there can be no State interference in a women's determination to seek an abortion, outside of the requirement that the abortion be performed by a licensed physician and surgeon. Also refer to **Exclusions and Limitations (A)** and **Abortion Policy** that follow in this AB.

MEDICAL SERVICES FOR INMATES

The above examples of medically necessary services are further defined in the reference document titled Medical Services for Inmates (MSI). Each Health Care Manager (HCM); Chief Medical Officer (CMO) who are not designated as the HCM; physicians; and other health care staff will be provided a copy. This document provides alphabetical and numerical indexes to the services that may be provided to inmates and those services which are restricted as described herein.

It is the responsibility of the treating physician to refer to this document to determine what services may be provided without prior authorization.

The MSI will be periodically reviewed and revised to reflect the results of outcome studies and revisions to the International Classification of Diseases-9th Revision (CD-9) and Current Procedural Terminology, 4th Edition (CPT-4) codes.

EXCLUSIONS AND LIMITATIONS (A)

The following services may only be provided on a case-by-case basis with prior approval, as outlined in the section that follows titled **Exception Process**:

- Multiple organ transplants.
- Cosmetic surgery.
- Speech pathology.
- Occupational therapy.
- Sterilization.
- Nutritional therapy.

- Chiropractic services.
- Hormonal therapy for sex changes.
- Cosmetic implants.
- Contact lenses.
- Abortions after the first trimester.

EXCLUSIONS AND LIMITATIONS (B)

The following shall not be provided:

- Treatment for conditions which get better on their own, such as: dizziness of unknown etiology, mononucleosis, viral hepatitis, viral pharyngitis, mild sprains, viral gastroenteritis, benign cysts, nonvenereal warts, common cold, canker sores, stys, minor bumps and bruises, dandruff, acne, etc.

- Treatment for conditions which are not readily amenable to treatment, conditions which may be made worse by treatment with conventional medication or surgery, or conditions which are so advanced in the disease process that the outcome would not change with existing conventional or heroic treatment regiments. Examples include: infertility, widely spread cancers, temporomandibular joint dysfunction, multiple organ transplants, single organ transplants when the inmate maintains the abuse, chemical dependency, etc.

- Treatment for cosmetic conditions, such as: removal of scars, keloids, or tattoos; nontoxic goiter, benign skin tumors, rhinoplasty, breast reduction/enlargement, penile implants, etc.

- Services that have no established outcome on morbidity or improved mortality for acute health conditions will not be provided. Examples include: acupuncture, orthoptics, pleoptics, etc.

PROVISION OF SERVICES

After the determination has been made that treatment for the specific diagnosis is approved, health care staff, performing within the scope of their license, shall provide the appropriate service.

EXCEPTION PROCESS

Diagnosis/services that are restricted or that are excluded as outlined in section **Exclusions and Limitations (A)** may be provided as outlined below:

If in the judgment of the treating physician, the case factors warrant consideration, the case may be reviewed by the institution's Medical Authorization Review Committee (MAR). In the absence of an institutional MAR, the CMO shall review the case.

Cases which receive approval from the MAR or CMO for diagnosis/services that are restricted or that are excluded, as outlined in section **Exclusions and Limitations (A)**, shall be forwarded, along with all supporting documentation (see Attachment A), to the Health Care Review Committee (HCRC) for approval.

BASES FOR EXCEPTIONS

The approval of services restricted or excluded as outlined in section **Exclusions and Limitations (A)** shall be based on:

- Medical necessity, as defined in regulation.
- Available health care outcome data that supports the service as effective medical treatment.

Other factors that will be considered by the review committees include:

- Treatment for conditions must be supportable through reference to accepted sources of medical authority and practice outside the Department.
- Treatment must provide efficient, effective health care that is measurable through outcome determinations.

- Coexisting medical problems.
- Acuity.
- Length of incarceration sentence.
- Availability of service.
- Cost.

DISAPPROVAL OF SERVICES

Diagnosis/services that are specifically excluded with no exception provided as outlined in section **Exclusions and Limitations (B)** and diagnosis/services for which approval from the CMO/MAR or HCRC is denied, shall not be provided. Health care staff shall advise the inmate of the departmental decision.

INFORMATION NECESSARY FOR EXCEPTION CONSIDERATION

The treating physician is responsible for gathering and presenting to the review committee(s) and/or CMO the necessary documentation on cases which warrant exception consideration. Necessary documentation includes:

- Documentation of medical necessity and clinical facts to justify exception.
- Medical summary including lab results, specialty consultants, rule outs, and available literature.
- Personal history including physical condition, comorbidities, age, custody level, and housing.
- Urgency.
- Expected morbidity/mortality.
- Completion of CDC Form 7364, Physicians Statement of Medical Necessity (Attachment A).

CMO APPROVALS

The CMO shall review exception requests for diagnosis/services that are restricted or that are excluded, as outlined in section **Exclusions and Limitations (A)** when staffing levels preclude formation of a MAR.

The decision to recommend approval of the service shall be based on information provided by the treating physician and criteria established in section **Bases for Exceptions**. CMO decisions on these services shall be documented on the CDC Form 7364-A, Authorization Review Form (Attachment B) and shall be maintained according to the meeting minutes in section **Institution Medical Authorization Review Committee**. Cases which receive approval from the CMO for diagnosis/services that are restricted or that are excluded, as outlined in section **Exclusions and Limitations (A)**, shall be forwarded, along with all supporting documentation, to the HCRC for approval.

When a specific diagnosis/service code is not referenced within the MSI, prior approval shall be obtained from the CMO. The decision to approve the service shall be based on information provided by the treating physician and criteria established in section **Bases for Exceptions**. As soon as practical, all requests for approval of services not referenced in the MSI shall be documented and forwarded to the Health Care Services Division, Assistant Deputy Director, Operations, for review by the HCRC.

INSTITUTION MEDICAL AUTHORIZATION REVIEW COMMITTEE

The institution MAR will consist of not less than three on-site institutional staff physicians.

Each institution shall establish procedures for the composition, appointment, term and removal of the chairman and committee members. The committee shall request the opinion of Department specialists and/or consultants on a case-by-case basis, as necessary, to clearly define the medical necessity of the services being considered.

The MAR shall determine, based on criteria in section **Bases for Exceptions** or expressed in approved treatment guidelines, the appropriateness and medical necessity of requested services. MAR decisions on these services shall be documented on the CDC Form 7364-A.

The MAR shall meet as often as necessary to review exception requests.

Cases which receive approval from the MAR for diagnosis/services that are restricted or that are excluded, as outlined in section **Exclusions and Limitations (A)**, shall be forwarded, along with all supporting documentation, to the HCRC for approval.

Routine decisions of the MAR which are not for diagnosis/services that are restricted or that are excluded, as outlined in section **Exclusions and Limitations (A),** shall be summarized and forwarded to the Health Care Services Division, Assistant Deputy Director, Operations, monthly through September 1995 and quarterly thereafter.

Minutes of each meeting shall be maintained by the HCM. Committee reports shall be standardized to include the following information:

- Members present.
- Date and time of committee meetings.
- Patient identifier (CDC number). Specific case information shall also include the name of the requesting physician; date of request; diagnosis; and disposition of case(s) i.e., approved, denied, alternative therapy ordered.
- The CDC Form 7364-A shall be maintained as a supplement to the meeting minutes.

HEALTH CARE REVIEW COMMITTEE

The HCRC shall consist of, but not limited to, the following:

- Assistant Deputy Director, Operations.
- Chief Medical Officer, Health Policy.
- Assistant Deputy Director, Program Development.
- Two selected specialist physicians.
- Nonvoting utilization review nurse, as necessary.

The nonvoting utilization review nurse may be consulted for advice on costs, availability of service, possible alternative care, and provide follow-up as well as data collection.

The HCRC shall determine its operating procedure and its decisions may be determined with the approval of not less than one of the above listed Assistant deputy Directors, Health Care Services Division.

The HCRC shall determine, based on criteria in section **Bases for Exceptions**, the appropriateness and medical necessity of requested services.

Minutes of each meeting shall be maintained by the Assistant Deputy Director, Operations, or designee.

The HCRC shall meet as often as necessary to review exception requests.

DOCUMENTATION

The attending staff member shall review previous documentation prior to initiation of any treatment.

The treating physicians shall document each patient encounter in the inmate's health record in legible notation. At a minimum, this documentation shall include, but not be limited to, the following:

- Principal complaint or complaints.
- Pertinent findings of a physical exam to properly evaluate the complaint.
- A diagnosis or list of differential diagnosis.
- A treatment plan that addresses numbers one through three, above.

Decisions of the CMO/MAR and HCRC shall be documented in the inmate's health record.

When treatment guidelines are used, any variance from the guideline shall be documented.

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CONTRACT PROVIDERS

The HCM shall ensure that services provided by contracted physicians/groups/hospitals are within the parameters described herein and that treatments are provided according to the authorization process described in this AB.

ABORTION POLICY

Female inmates shall be allowed to exercise their constitutional right to an abortion. Thus, abortions will be provided for female inmates in the first trimester of the pregnancy. The abortion must be performed by a licensed physician and surgeon. After the first trimester, abortions will not be provided except when medically necessary.

In accordance with Penal Code Section 3405, the inmate's right to an abortion shall be posted in at least one conspicuous place to which all female inmates have access. It is anticipated that posters will be available for this purpose by March 1, 1995.

A flow chart (Attachment C) summarizes the procedures described in this AB.

Please inform all persons of the contents of this bulletin which shall remain in effect until incorporated into the appropriate sections of DOM, Volume IX, currently being developed. Direct any inquiries regarding this bulletin to Shirley Opie, Staff Services Manager, Health Policy, Health Care Services Division, at (916) 323-0604 or CALNET 473-0604.

R. H. DENNINGER
Chief Deputy Director

Attachments